

2270

PLACE OF BIRTH				ARIZONA STATE BOARD OF HEALTH			
County of <u>Yuma</u>		BUREAU OF VITAL STATISTICS		State Index No. <u>130</u>			
District of <u>Globe</u>		ORIGINAL CERTIFICATE OF BIRTH		Co. Register No. <u>258</u>			
Town of <u>Globe</u>				Local Registrar's No. _____			
or City of <u>Globe</u>		(No. _____ St; _____ Ward)					
FULL NAME OF CHILD <u>John Tecundo Craft</u>				Born } YES			
If child is not named, make Supplemental Report on blank obtainable from local registrar.				Alive } YES			
Sex of Child <u>M</u>	Twin, Triplet or other	and	Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>June 12</u> 191 <u>8</u>		
					(Month) (Day) (Yr.)		
FATHER				MOTHER			
Full Name <u>William Fred Craft</u>				Full Maiden Name <u>Josephine Carmichael</u>			
Residence <u>Globe, Arizona</u>				Residence <u>Globe, Arizona</u>			
Color or Race <u>W</u> Age at last Birthday <u>48</u> (Years)				Color or Race <u>M</u> Age at last Birthday <u>36</u> (Years)			
Birthplace <u>Denver Colorado</u>				Birthplace <u>Mexico</u>			
Occupation <u>Plumber</u>				Occupation <u>Housewife</u>			
Number of child of this mother... <u>7</u>		Number of children, of this mother, now living... <u>6</u>		Were precautions taken against Ophthalmia neonatorum? <u>yes</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*							
I hereby certify that I attended the birth of above child; and that it occurred on <u>June 12</u> 191 <u>8</u> , at <u>10⁰⁰</u> P.M.							
{ *When there is no attending physician or midwife, then the householder should make this return.				(Signature) <u>A. W. Adams</u>			
Given or christian name added from a supplemental report _____ 191_____				(Attending physician, midwife, householder.)*			
Address <u>Globe, Arizona</u>							
Filed <u>June 16</u> 191 <u>8</u>				LOCAL REGISTRAR.			
133-612-133 COUNTY REGISTRAR.				* True Copy <u>B. G. Jay</u>			
Filed <u>July 5</u> 191 <u>8</u>				COUNTY REGISTRAR.			